LITH ITY

PATENT APPLICATION	First Inventor or Application Identifier: Torsten A. Staab					
TRANSMITTAL	e: HANDHELD APPARATUS FOR AUTOMATED MULTIPURPOSE SAMPLE COLLECTION AND REGISTRATION					
	Express Mail Label No.: ER311841398US					
	Express Mail Education. Etter 104 100000					
APPLICATION ELEMENTS	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application PO Box 1450 Alexandria, VA 22313-1450					
1. ☑ * Fee Transmittal Form (e.g. PTO/SB/17)	6. ☐ CD-ROM or CD-R in duplicate, large table or					
(submit an original and a duplicate for fee processing)	Computer Program (Appendix)					
2. Applicant claims small entity status. See 37 CFR 1.27.	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy					
3. Specification [Total Pages: 16 Secriptive title of the Invention	b. Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies): or					
☐ Cross References to Related Application						
☐ Reference to sequence listing, a table	ACCOMPANYING APPLICATION PARTS					
or a computer program listing appendix						
Background of the InventionBrief Description of the Drawings (if filed	8. Assignment Papers (cover sheet & documentation)					
□ Detailed Description	9. 37 C.F.R.§3.73(b) Statement Power of					
☐ Claim(s)	(when there is an assignee) Attorney					
	10. ☑ Information Disclosure ☐ Copies of IDS					
4. Drawings(s) (35 U.S.C.113)[Total Sheets: 6]	Statement (IDS)/PTO-1449 Citations					
□ Informal	11. Preliminary Amendment					
5. ☑ Declaration & Power of Attorney [Total Pages: 2]	12. ☑ Return Receipt Postcard (MPEP 503) (should be specifically itemized)					
a. Newly executed (original or copy)	13. Certified Copy of Priority Document(s)					
b. Copy from a prior application (37 C.F.R§.63(d)	(if foreign priority is claimed)					
(for continuation/divisional with Box 16 completed)	14. Nonpublication Request and Certification Under 35 U.S.C.					
c. DELETION OF INVENTOR(S) Signed statement attached deleting	122(b)(2)(b)(i)					
inventor(s) named in the prior application see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).	15. ☐ Other:					
	e box, and supply the requisite information below and in a preliminary amendment:					
	n-in-part (CIP) of prior application S.N. S-100,593.					
Prior application information: Examiner:	Group/Art Unit:					
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
	RRESPONDENCE ADDRESS					
☑ Customer Number 35068	OR L Correspondence Address Below					
35068						
	r No. or Attach Bar Code Label here)					
Nome: Mark M City and I						
Name: Mark N. Fitzgerald Address: Los Alamos National Laborator	v. LC/IP. MS A187					
City: Los Alamos State: New Mexico Zip Code: 87545						
Country: Unit d States Telephone: (50	5) 665-5187 Fax: (505) 665-4424					
Name: Mark N. Fjtzger ald Registration No.: 48,300						
Signature: /// Date: 11/24/03						

Attorney Docket No.: S-100,593

15 PI

FEE TRANSMITTAL For FY 2004

Patent fees are subject to annual revision (submit an original and a duplicate for fee processing)

С	omplete if Known	
Application Number:		
Filing Date:		
First Named Inventor:	Torsten A. Staab	
Examiner Name:		
Group/Art Unit:		
Attorney Docket No	S-100 593	

METHOD OF PAYMENT	FEE CALCIII ATION (continued)			
The commissioner is hereby authorized to charge	FEE CALCULATION (continued)			
indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17 Applicant claims small entity status.		3. ADDITIONAL FEES Large Small Entity Entity Fee Fee Fee Description		
		Fee	Fee Description	Fee Paid
		\$65	Surcharge – late filing fee or oath	
See 37 CFR 1.27	\$50 \$25 Surcharge – late provisional filing fee or cover shee		eet	
FEE CALCULATION	\$2,520	\$2,520	For filing a request for reexamination	
4. DAGIO EII INO EEE	\$110	\$55	Extension for reply within first month	
1. BASIC FILING FEE	\$420	\$210	Extension for reply within second month	
Large Entity Small Entity	\$950	\$475	Extension for reply within third month	
Fee Fee Fee Description Fee Paid \$770 \$385 Utility filing fee 385.00	\$1,480	\$740	Extension for reply within fourth month	
\$770 \$385 Reissue filing fee	\$2,010	\$1,005	Extension for reply within fifth month	
\$160 \$80 Provisional filing fee	\$330	\$165	Notice of Appeal	
SUBTOTAL (1) \$385.00	\$330	\$165	Filing a brief in support of an appeal	
	\$290	\$145	Request for oral hearing	
	\$110	\$55	Petition to revive – unavoidable	
	\$110	\$55	Terminal Disclaimer	
	\$1,330	\$665	Petition to revive – unintentional	
	\$130	\$130	Petitions to the Commissioner	
2. EXTRA CLAIM FEES	\$ 50	\$50	Petitions related to provisional applications	
Extra Fee from Fee Paid	\$ 180	\$180	Submission of Information Disclosure Statement	
Claims Below Total Claims 24 -20** = 4 X 9 = 36.00 Independent 3 -3 ** = 0 X 0 = 0	\$770	\$385	Filing a submission after final rejection (37 CFR 1.129 (a))	
Claims Multiple Dependent =	\$770	\$385	For each additional invention to be examined (37 CFR 1.129(b))	
** or number previously paid, if greater; For Reissues, see below	\$100	\$100	Certificate of Correction	
Large Small Entity Entity Fee Fee Fee Description	\$300	\$300	Publication fee for early, voluntary, or normal publication	
\$18 \$9 Claims in excess of 20 \$86 \$43 Independent claims in excess of 3 \$290 \$145 Multiple dependent claim, if not paid.	\$770	\$385	Request for Continued Examination (RCE)	
\$86 \$43 ** Reissue independent claims	Other fee	(specify)		
over original patent \$18 \$9 ** Reissue claims in excess of 20			SUBTOTAL (3)	\$0
and over original patent	Reduced by Basic Filing Fee Paid			
SUBTOTAL (2) \$26				
SUBTOTAL (2) \$36			SUBTOTAL FROM 1	\$385
			SUBTOTAL FROM 2 SUBTOTAL FROM 3	\$36 \$0
	/		TOTAL AMOUNT OF PAYMENT	\$421

SUBM//TTE/D BY /				Complete (if applicable)		
Printed Name:	Mark N. Fitzgerald				Reg. No.	48,300
Signature:		MAL	17	Date: 11/24/03	Telephone	(505) 665-5187